Cam Dia O Or can		_	GIFT TO AGENCY REPO
San Diego County Sheriff's Department	000	Date Stamp	California 80'
Division, Department, or Region (if applicable)	- BOAR		For Official Use Only
Law Enforcement Services Bureau	2040 0		V or Onload Ose Offin
Street Address		UG 20 PM 3 2	0
9621 Ridgehaven Ct. San Diego, CA 92123	THO	<u> </u>	
Area Code/Phone Number 858-974-2360 E-mail patricia.duke@sdsheriff.c	ALD.	Amendment (explai	in in comment section)
Agency Contact (name and litle)	Ø.	Date of Original Filing:	
Patrićia J. Duke, Assistant Sheriff		_	(month, day, year)
Donor Name and Address			
☐ Individual	<b></b>	American Israel Public Affairs Cm Name	
251 H St. NW Washington DC 20001	. ☐ Other		
Address City	·	State	Zip Code
Pro Israel lobby to enact public policy tha	it enhances	the US-Israel	relationship.
If "Other" is marked, describe the entity's business activity (if business) or its nature and in			
If applicable, identify the name of each source and the amount(s) solic	ited or received	by the donor for this o	jift;
Name Amount	***************************************	Name	\$Amount
Payment Information		,	
(month, day, year)  Travel Payment Information (Round to whole dollars)  Location of		(Round to whole dollers) e1	
4/27/13-5/5/13	\$ 761 Meal Expen	\$ 1705 Ses Other Expens	<u>\$10337</u>
Provide a specific description of the nature and use of	the payme	nt for official age	res Total Expenses
Provide a specific description of the nature and use of Training and networking on border security issue	the payme	nt for official agei	ncy business:
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